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PATENT

THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/088,044

Filing Date: March 14, 2002

Applicant: Roger K. Duance

Group Art Unit:

Examiner:

Title: SENSOR MEMORY ELECTRONIC CIRCUIT

Attorney Docket: BRI-00062

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Box No Fee Amendment  
Assistant Commissioner of Patents & Trademarks  
Washington, D.C. 20231

**SECOND PRELIMINARY AMENDMENT**

Sir:

Prior to examination of the present application, please consider the following.

Please amend the above-identified application as follows.

**IN THE CLAIMS**

Please add the following new claims:

31  
Claim 9. (New) A position sensing and control device for sensing and controlling the position of a movable member with respect to a stationary member, said device comprising:

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FORM**

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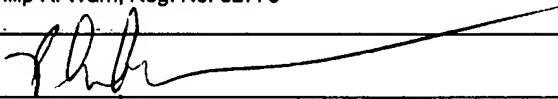
<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/088044
		Filing Date	3-14-2002
		First Named Inventor	Duance
		Group Art Unit	
		Examiner Name	
Total Number of Pages in This Submission		Attorney Docket Number	BRI-00062

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <b>RETURN POSTCARD</b>	
			<input type="checkbox"/> Assignment Papers (for an Application)
			<input type="checkbox"/> Drawing(s)
			<input type="checkbox"/> Licensing-related Papers
			<input type="checkbox"/> Petition
			<input type="checkbox"/> Petition to Convert to a Provisional Application
			<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address
			<input type="checkbox"/> Terminal Disclaimer
			<input type="checkbox"/> Request for Refund
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Remarks			

The Commissioner is hereby authorized to charge any deficiency in the payment of any required fee(s) or credit any overpayments to Deposit Account No. 50-1612.

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Philip R. Warn, Reg. No. 32775
Signature	
Date	5/7/02

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Typed or printed name	Philip R. Warn, Reg. No. 32775
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